

# Pandemic Influenza

What is a pandemic?

The word “pandemic” is used to describe a disease that affects people on a worldwide scale. Flu pandemics have occurred roughly every 30 to 40 years throughout history, and it has been nearly 40 years since the last influenza pandemic.

Three conditions must be met to result in a pandemic:

1. The emergence of a new influenza strain.
2. The ability of that strain to infect humans and cause serious illness.
3. The ability to spread easily among humans.

The occurrence of the avian influenza virus (H5N1) presents the possibility of this virus eventually undergoing a major change in genetic composition, allowing it to become transmissible person-to-person. It is this major genetic “shift” that creates a “novel” virus and the potential for a pandemic. Given the current high case fatality rate with H5N1, it is currently estimated that, should this virus become transmissible person-to-person, a worst-case scenario pandemic influenza will result in a case fatality rate higher than that of the 1918 Spanish flu. According to the World Health Organization, we are currently in Phase Three (of six phases) of the Pandemic Alert Period.

Many communities have developed pandemic influenza plans. However, managing the expected large numbers of deaths has not always been addressed.

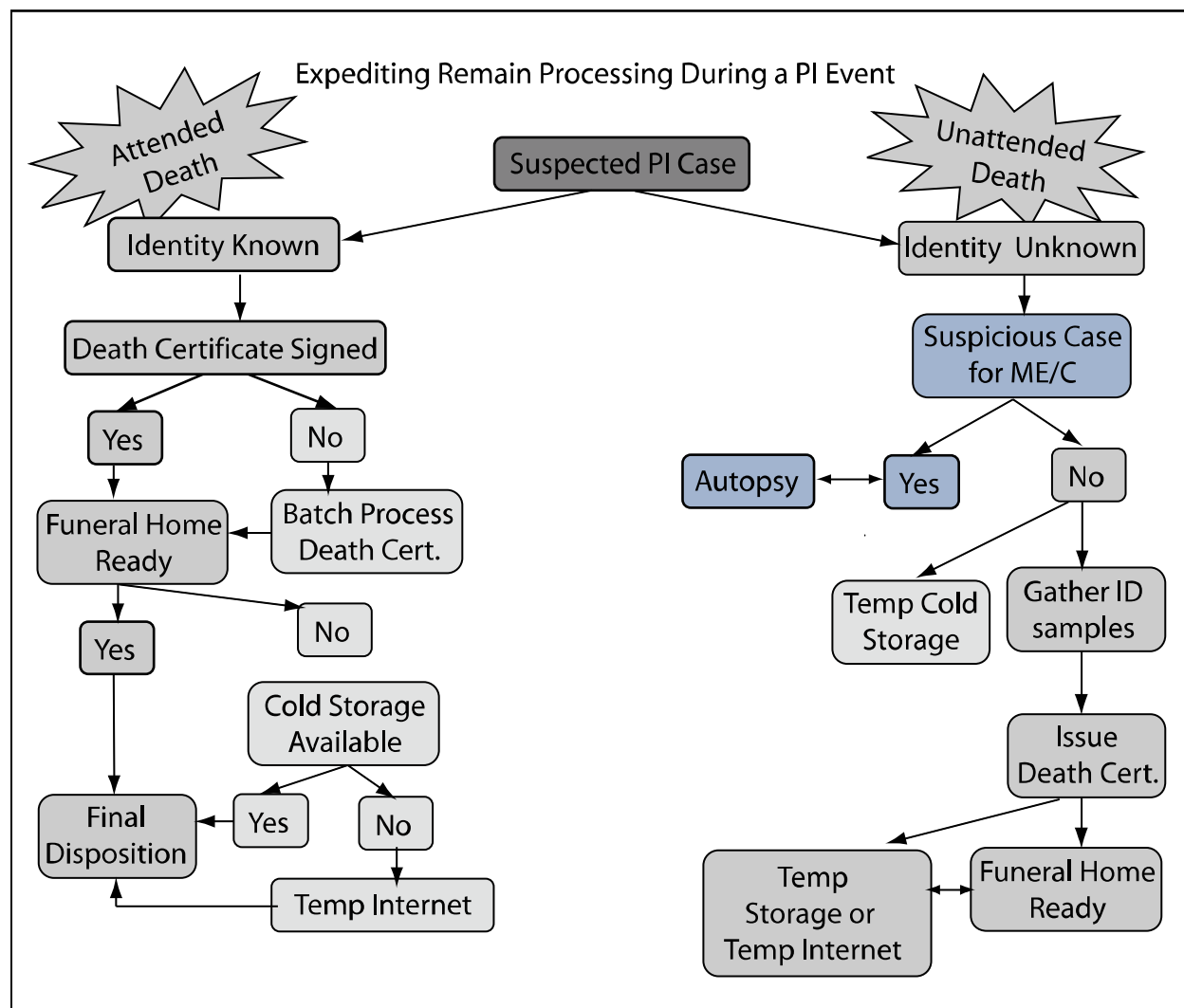
These assumptions are examples of the potential impact of a worst-case scenario pandemic influenza (PI) event.

- Susceptibility to pandemic influenza will be universal.
- There may be a case fatality rate of up to 5% in addition to the average rate of deaths from other causes.
- Up to 40% of the workforce could be absent from work during peak periods.
- Mutual aid resources from state or federal agencies to support local response efforts may not be available.
- It is estimated that 50% to 75% of deaths will occur outside of a hospital or medical treatment facility.
- The death care industry could expect to handle about six months work within a six to eight week period.
- The time to complete fatality management of a PI event may exceed six months to a year.

During a pandemic, local authorities have to be prepared to manage additional deaths due to influenza, over and above the number of fatalities from all causes that are normally expected. Trigger points for different ways of working are likely to vary. For some, it will be the number

of increased deaths that will be the tipping point. Limited storage space at local mortuaries and funeral homes may be the tipping point. For others, absenteeism might be the tipping point. It is likely that a combination of a number of pressure points would see activation of different ways of working. The trigger point at which a jurisdiction activates its mass fatality plan should be part of the pandemic planning process.

The following is a proposed flow chart for handling human remains during peak periods of a pandemic influenza.



Source: *Morgue Operations, Identification, and Command and Control of Mass Fatalities resulting from a Pandemic Influenza Event in the United States*

It is recommended that the ME/C Office, local authorities, funeral directors, private cemeteries, crematoria, and religious groups/authorities be engaged in reviewing the flow chart above and reviewing, discussing and planning for addressing the issues identified in the following table. This planning will augment existing mass fatality management plans, which will be activated during a pandemic.

## General Guidelines:

***All personnel will wear personal protective equipment as directed by the Health Officer.***

- Protecting employee health and reducing the spread of infection among workers is a priority.
- All personnel handling dead bodies in mass fatality response will also receive proper immunizations as appropriate; training in blood borne pathogens, personal protective equipment (PPE), and proper lifting techniques; and PPE as defined by existing regulations, for example:
  - Disposable, long-sleeved, cuffed gown (waterproof if possibly exposed to body fluids).
  - Single-layer non-sterile ambidextrous gloves which cover the cuffs of the long-sleeve gown.
  - Surgical mask ( a particulate respiratory if handling the body immediately after death).
  - Surgical cap and face shield if splashing of body fluids is anticipated.
  - Waterproof shoe covers if required.

Proper hand washing is *always* recommended when handling remains.

***Family Care Plans.*** The ME/C, vital records system, and death care industry should encourage employees to develop “family care plans” knowing that they may not be able to be with their families for extended periods during waves of severe disease during the pandemic period.

Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza	
Planning for Possible Solutions	
Emergency Operations Center and Public Health Department Actions for Managing Deceased	
Consider ME/C Office and death care industry personnel as first responders.	
<ul style="list-style-type: none"> <li>▪ Classify ME/C Office and death care industry personnel as first responders for priority prophylaxis and antivirals.</li> <li>▪ Ensure the ME/C Office’s and death care industry’s priority access to labor, supplies, personal protective equipment, vaccines, fuel, raw materials, communication bandwidth, transportation, security, temporary housing as needed, and other resources.</li> </ul>	
Consider involving Public Health, the ME/C, and police in developing specific investigative checklists, which clarify the concepts of medico-legal determination of cause and manner of death, victim identification procedures, scene documentation, overall investigative requirements, and required PPE and personal decontamination, for all call centers and responders to unattended deaths during a PI event.	

## Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza

### Planning for Possible Solutions

Train all first responders in the field about the symptoms of PI deaths and the actions to take when a suspected PI event related death is found vs. when non PI event related deaths are found.

Consider establishing a dispatch/tracking system with a centralized database that is separate from emergency medical services and 911 systems to track patients and deaths. Design it so that it can be managed through family assistance and patient tracking centers. Link all first responders/health care centers/collection points/morgues/family assistance/ME/C Office/law enforcement/etc. to this system. Consider facilitating its use by private citizens.

Consider establishing a county voluntary registry of next of kin so families can register information before a disaster.

Implement reciprocal licensing of mortuary services personnel to overcome variations in state licensing of funeral directors, embalmers, cemetery, and crematory operations, and unionized labor.

Educate behavioral health professionals, social service organizations and religious leaders regarding the process for managing human remains to ensure the process is understood and can be properly communicated to the general population in their response activities.

Advise the ME/C Office and death care industry of additional respiratory protection that is needed

- During autopsy procedures performed on the lungs or during procedures that generate small-particle aerosols (e.g., use of power saws and washing intestines) in case the decedent was infectious when he/she died.
- During embalming procedures prior to burial or cremation.

If families will be transporting loved ones who have died from pandemic influenza, provide education on general precautions for handling dead bodies. Special precautions are not required since the “body” is not contagious after death.

Track federal, state, and local laws applicable to the handling of human remains that impact the ME/C, vital records system, and death care industry. Existing laws, such as time requirements for completing death certificates and disposition permits, may need to be amended/waived. Alert all parties to waivers and modifications that impact services.

### Step: Death Pronounced

**Requirements:** Person legally authorized to

Provide public education on what to do if someone dies, how to access an authorized person to certify death, and where to take the deceased if family or friends must transport them.

Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza	
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<p>perform this task.</p> <p><b>Limiting Factors:</b> If death occurs at home then one of these people will need to be contacted.</p> <p>Availability of people able to do this task.</p>	<ul style="list-style-type: none"> <li>Consider planning an on-call system 24/7 specifically for this task that is separate from the 911 System. Keep 911 focused on calls pertaining to life safety missions.</li> </ul> <p>ALL who interface with decedents should record official personal identification information for patients who enter their systems and maintain this information in the patient's police report and/or medical record.</p> <ul style="list-style-type: none"> <li>If a deceased patient enters the system without an official photo identification, and identity is never established, healthcare facilities should report this person to the patient's local police department. There is a possibility the deceased has been reported missing by a family member who can visually identify the decedent.</li> </ul> <p>Consult with Native Americans, Jews, Hindus, Muslims and other religious groups that have special requirements for the treatment of bodies and for funerals and involve them in planning for funeral management, bereavement counseling, and communications with their respective communities in the event of a pandemic. During the pandemic, the wishes of the family will provide guidance, however, if no family is available local religious or ethnic communities can be contacted for information.</p>
<b>Step: Death Certified</b> (signing of a death certificate stating the cause of death)	
<p><b>Requirements:</b> Person legally authorized to perform this task.</p> <p><b>Limiting Factors:</b> Legally, may not necessarily be the same person that pronounced the death.</p>	<p>ALL who interface with the deceased should record official personal identification information (first, middle, last name &amp; suffix; race/ethnicity, color of eyes, hair, height, and weight; home address, city, state, zip &amp; telephone number; location of death and place found; place of employment and employer's address; date of birth, social security number &amp; age; and next of kin—or witness—name, contact number &amp; address).</p> <p>To ensure proper identification of the deceased, consider implementing standardized methodology for collecting samples of deceased such as a right thumbprint, DNA sample (e.g., saliva swab or blood stain card), and a facial photograph. In the case of decomposed bodies, this may also include assistance from the ME/C for identification—anthropological markers, dental impressions, and, if possible, fingerprints, etc.</p> <p>Although these identification samples may not need to be processed, those in authority are able to substantiate the identification of the decedent at a later time should individuals</p>

## Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza

### Planning for Possible Solutions

question the ME/C about a decedent's identity.

Healthcare facilities may want to consider designating a single physician, familiar with patients' records, as responsible for expeditiously signing death certificates.

Consider pre-identifying "collection points" for the deceased to centralize processing and hold remains at the lowest appropriate local level. Have an authorized person certify deaths en masse and batch process death certificates of identified decedents to improve efficiency.

- At the designated collection point, trained personnel should sort bodies by cause and manner of death (identified PI cases vs. ME/C cases) to ease subsequent processing (victim identification and issuing a death certificate).
  - Attended deaths will have a known identity and may have a signed death certificate. Unattended deaths may require the ME/C to further process remains to determine identification, issue the death certificate, track personal effects, and notify next of kin.
- Establish a uniform method for numbering and tracking decedents, such as the state abbreviation, zip code, and a case number (with name if identified).

When moving, storing, and/or releasing remains and personal effects, keep detailed records like that of a chain-of-evidence for each individual body and personal effects bag.

Consider broadening the range of professionals who can certify deaths. Explore strategies that facilitate and provide oversight to the process of pronouncing death, determining cause and manner of death, completing death certificates and establishing victim identity. This may include amending/waiving the Health Insurance Portability and Accountability Act of 1996, other regulations, and codes to allow trained and credentialed non-ME/C personnel (such as police, fire and emergency medical services) and retired physicians to assist with these responsibilities during a large-scale emergency.

Establish a call line for ME/C consultations and physician-patient data to assist in determination of death.

### Step: Body Wrapped

Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza	
Planning for Possible Solutions	
<b>Requirements:</b> Person(s) trained to perform this task.  Body bags.  <b>Limiting Factors:</b> Supply of human and physical (body bags) resources.  If death occurs in the home: the availability of these requirements.	Clearly tag the body and pouch with the individual decedent's identifiers such as name, date of birth, SSN, location of origination, medical record number, etc. Complete labeling reduces the number of times mortuary staff needs to open pouches to confirm contents.  Consider developing a rotating six months inventory of body bags, given their shelf life.  Consider training or expanding the role of current staff to include this task.  Consider providing this service in the home in conjunction with pronouncement and transportation to the morgue.  If personal effects accompany the remains in the human remains pouches, ensure that the funeral director and family are made aware of this so that effects may be safely retrieved before cremation or burial. Funeral directors and others should sign a receipt for items as well as the body.
<b>Step: Transportation</b> (To "Collection Points" and/or the Morgue and To Temporary Storage or Burial Site)	
<b>Requirements:</b> In hospital: trained staff and stretcher.  Outside hospital: informed person(s), stretcher, and vehicle with driver suitable for this purpose.  <b>Limiting Factors:</b> Availability of human and physical resources.	Consider amending codes as needed regarding the use of volunteers, family members, etc., to transport the deceased.  In hospital: <ul style="list-style-type: none"> <li>Consider training additional staff working within facility.</li> <li>Consider keeping old stretchers in storage instead of discarding.</li> </ul> Look for alternate suppliers of equipment that could be used as stretchers in an emergency e.g., trolley manufactures.  Outside hospital: <ul style="list-style-type: none"> <li>Provide public education or specific instructions through a toll-free phone service regarding where to take the deceased if the family must transport.</li> <li>Identify alternate vehicles that could be used for this purpose.</li> <li>Consider use of volunteer drivers.</li> </ul>

Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza	
Planning for Possible Solutions	
Step: Morgue Storage	
<p><b>Requirements:</b> A suitable facility that can be maintained at 34-37° F, the ideal temperature for storing and preserving human remains. It does not prevent decomposition of the decedent, which continues, albeit at a slow rate for up to six months.</p> <p><b>Limiting Factors:</b> Capacity of such facilities.</p>	<p>Pre-identify and plan for possible temporary morgue storage sites:</p> <ul style="list-style-type: none"> <li>▪ Refrigerated trucks with temporary shelves and ramps.</li> <li>▪ Temporary portable facilities.</li> <li>▪ Cold storage lockers.</li> <li>▪ Conex boxes with diesel or electrical power.</li> <li>▪ Hangars.</li> <li>▪ Warehouses.</li> <li>▪ Refrigerated rail cars.</li> <li>▪ Empty public buildings that lend themselves to cooling and proper security.</li> </ul> <p>An organized, segregated storage system will provide the public a higher level of confidence that government agencies are managing the PI event well.</p> <p>Consider ice skating rinks as a resource when all other resources have been exhausted.</p> <p>Use processes routinely used in mortuaries to track and locate deceased.</p> <p>Consider some facilities maintained at -15°/-25° C or 5°/-13° F, used in forensic institutes, especially for bodies which have not yet been identified. The body is completely frozen and decomposition totally halted.</p>
Step: ME/C Office and Autopsy if Required/Requested	
<p><b>Requirements:</b> Person qualified to perform autopsy and suitable facility with equipment.</p> <p><b>Limiting Factors:</b> Availability of human and physical resources.</p> <p>May be required in some</p>	<p>Ensure that it is public knowledge—that all physicians and families are aware that an autopsy is not required for confirmation of influenza as cause of death.</p> <ul style="list-style-type: none"> <li>▪ However, for the purpose of health surveillance, respiratory tract specimens or lung tissue for culture or direct antigen testing could be collected postmortem to confirm the early cases that start the pandemic.</li> </ul> <p>Examine the capacity, continuity of operations planning, and surge capacity of the ME/C Office in your jurisdiction.</p> <p>Shift ME/C resources to the most vital public health functions, including body recovery, abbreviated</p>

## Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza

### Planning for Possible Solutions

circumstances.

processing, temporary storage, and tracking.

- Employ a phased operation to ensure bodies are properly identified and handled with dignity.

Identify ways to augment staff.

- Break down functions into tasks so that disaster service workers and volunteers are able to provide more effective assistance.
- Consider requesting a volunteer category for death care professionals be added to established organized volunteer Citizen Corps and/or Medical Corps.
- Provide just-in-time training for current staff who will be performing new management/oversight roles, for suitable drivers and handlers to support the human remains recovery and for other positions as practicable.

Keep daily death cases separate from PI event cases and number them using different identifiers.

Ensure that critical morgue supplies are stockpiled or develop a rotating six month inventory of essential equipment/supplies.

Consider putting in place contracts and memoranda of agreement to ensure that the ME/C Office receives priority distribution of water, generators, and gasoline.

If an autopsy is required, usual protocols based on current law will prevail.

- Consider advocating for amending regulations regarding reportable deaths. For example, the ME/C assumes jurisdiction over deaths of persons in correctional custody, deaths in mental institutions, and sometimes in nursing care facilities, regardless of the circumstances. Consider requiring ME/C jurisdiction *only* when the cause of death is of suspicious nature during the pandemic.
- Seek direction from Health Officer re: additional respiratory protection needed during autopsy procedures performed on the lungs or during procedures that generate small-particle aerosols (e.g., use of power saws and washing intestines) in case the decedent was infectious when he/she died.

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Planning for Possible Solutions	
Step: Cremation	
<p><b>Requirements:</b> Suitable vehicle and driver for transportation from morgue to crematorium.</p> <p><b>Limiting Factors:</b> Capacity of crematorium/speed of process.</p> <p>Availability of authorized official to issue death certificate.</p> <p>Availability of staff and resources in vital records office to certify death certificate and issue permit for disposition of remains.</p>	<p>Identify alternate vehicles that could be used for transport.</p> <p>Examine the capacity, continuity of operations planning, and surge capacity of crematoriums within the jurisdiction.</p> <p>Arrange for maintenance and inspection of equipment—ahead of periods of peak usage—with backup equipment and replacement parts stockpiled.</p> <p>Consider streamlining the completion of required cremation forms.</p> <p>Discuss and plan appropriate storage options if the crematoriums become backlogged.</p> <p>Seek direction from Health Officer re: additional respiratory protection needed during embalming procedures to prepare for cremation for those who die from the pandemic in case the decedent was infectious when he/she died.</p> <p>Examine the capacity, continuity of operations planning, and surge capacity of the vital records office.</p> <p>Consider developing arrangements between crematoriums and the local registrar to expedite the filing of a large number of death certificates and applications for cremation.</p>
Step: Embalming	
	<p>Examine the capacity, continuity of operations planning, and surge capacity of funeral homes in your jurisdiction.</p> <p>Consult with funeral homes regarding availability of equipment/supplies and potential need to stockpile or develop a rotating six month inventory of essential equipment/supplies.</p> <p>Consider “recruiting” workers that would be willing to provide this service in an emergency (e.g., retired workers or students in mortuary training programs).</p>

Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza	
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	<p>Consider providing embalming and casketing services in a temporary morgue.</p> <p>Seek direction from Health Officer re: additional respiratory protection needed during embalming procedures for those who die from the pandemic in case the decedent was infectious when he/she died.</p> <p>Examine the capacity and surge capacity of the vital records office.</p> <p>Consider developing arrangements between funeral directors and local registrar to expedite the filing of a large number of death certificates and applications for disposition permits.</p>
Step: Funeral Service	
<p><b>Requirements:</b> Appropriate location(s), casket or urn, funeral director.</p> <p><b>Limiting Factors:</b> Availability of caskets/urns.</p> <p>Availability of location for service and visitation.</p> <p>Social distancing and/or quarantine measures that may be in effect during pandemic waves.</p>	<p>Examine the capacity, continuity of operations planning, and surge capacity of funeral homes in your jurisdiction.</p> <p>Contact supplier to determine lead time for casket and urn manufacturing and discuss possibilities for rotating six month inventories—with a more that normal supply of low cost caskets and low cost alternatives.</p> <p>Consult with funeral directors to determine surge capacity and possibly the need for additional sites (e.g., use of churches, etc. for visitation).</p> <p>Develop strategies for handling services when social distancing measures and/or quarantine are in effect.</p> <ul style="list-style-type: none"> <li>▪ Consider alternatives such as video-conferences to allow for funerals to occur with relatives of the decedents having the ability to mourn but at a non-public venue.</li> <li>▪ Be prepared to clearly explain why limitations have become necessary.</li> </ul>
Step: Temporary Storage while Awaiting Burial	
<p><b>Requirement:</b> Access to and space in temporary storage.</p>	<p>Expand capacity by increasing temporary storage sites.</p> <p>Expand capacity by increasing temporary vault sites with security features such as covered windows</p>

Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza	
Planning for Possible Solutions	
<b>Limiting Factors:</b> Temporary storage capacity and accessibility.	and locks on doors. (Note: A vault is a non-insulated storage facility for remains that have already been embalmed, put into caskets, and are awaiting burials.)
Step: Burial	
<b>Requirement:</b> Grave digger and space at cemetery.  <b>Limiting Factors:</b> Availability of grave diggers and cemetery space.  Extreme cold and heavy snowfall.	Examine the capacity, continuity of operations planning, and surge capacity of cemeteries in your jurisdiction.  Identify sources of supplementary workers.  Consider temporary mass burials where bodies will be temporarily buried in body bags in common graves in cemeteries or at a designated location until they are exhumed at a later time.  Be prepared to make public statements regarding storage solutions, particularly the employment of long-term temporary interment.
Step: Family Assistance	
<b>Requirement:</b> The ME/C Office is responsible for providing family assistance in the event of a mass fatality.  <b>Limiting Factors:</b> The catastrophic scope of the disaster and mandated social distancing will prohibit a traditional family assistance center and dictate limitations to the provision of direct services.	Identify a local agency/organization to manage family assistance during a pandemic.  Implement a <i>virtual family assistance center model</i> that includes: <ul style="list-style-type: none"> <li>▪ Broadcasting information ‘pushed’ to families through mass media channels. Content may include: coping with death and dying at home, coping with illness and death at work, financial support, health issues, emotional and behavioral health concerns, Social Security questions, and legal issues.</li> <li>▪ “Warm Lines” established and staffed to provide a more direct line of communication with families and track/manage death and missing persons calls. Issues may include: death care guidance, body removal, burial sites, death certificate information, and psychological support. “Warm Lines” may include toll-free telephone lines staffed by behavioral health providers working from their homes and Internet “Counseling Rooms” established for computer-based interactions between behavioral health providers and community members needing assistance.               <ul style="list-style-type: none"> <li>○ May want to consider a separate fatality/missing person information telephone number to report fatalities that can incorporate this information into a national patient tracking</li> </ul> </li> </ul>

## Issues Related To Managing Increased Numbers of Deaths in a Worst-Case Scenario Pandemic Influenza

### Planning for Possible Solutions

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|  | <p>system. Consider the National Find Family Hotline as a model.</p> <ul style="list-style-type: none"> <li>▪ Face-to-Face Crisis Interventions provided by trained behavioral health services professionals with appropriate PPE for those individuals with acute psychiatric reactions.</li> <li>▪ Strategies for providing psychological first aid and educational/informational materials for all response personnel.</li> <li>▪ Identify interventions and strategies for assisting at-risk and/or special populations, such as those with mental and behavioral illness or disabilities and/or with general pharmaceutical needs or medication withdrawal issues, homeless, senior citizens, immigrants, and undocumented residents.</li> </ul> |
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## Associated Tools

### Baron County's Pandemic Influenza Mortuary Planning Guidelines

Barron County, Wisconsin has developed a plan which consolidates and coordinates resources under a single unified mortuary command structure at a single facility known as the Unified Mortuary Preparation Facility (UPMF). In the event of a worst-case scenario pandemic, all funeral directors in the county will temporarily close their facilities and relocate to the UPMF during waves of severe disease—consolidating all resources, including staff, equipment, and supplies. Barron County's Pandemic Influenza Mortuary Planning Guidelines is included as a resource for your consideration.

This resource is available at: <http://flutrackers.com/forum/showthread.php?t=47605>.

### Chart to Facilitate Local Decision Making in Determining Priorities and Regulations to Amend to Achieve Acceptable Handling of Human Remains during a Pandemic Influenza Event

The following chart was developed to assist jurisdictions in making decisions about how they may want to adapt their own regulations and priorities to achieve acceptable handling of deaths in a PI event. It begins from the moment a death is discovered/reported until the body has been transported to whatever is functioning as a morgue. The columns represent the tasks that should be completed to ensure medico-legal concerns are met regarding documentation of the death scene and transport of the body to the morgue. The rows represent a qualitative division of who may have to perform said tasks as the situation deteriorates and resources are depleted.

Chart to Facilitate Local Decision Making in Determining Priorities and Regulations to Amend to Achieve Acceptable Handling of Human Remains during a Pandemic Influenza Event							
Level of Crisis	Positive or Presumptive Identification	Pronounce (Local Authority)	Collect Death Scene info PI/non-PI/ Violent	Contain	Analysis Reporting	Track (COC) HR&PE	Transport
Tier I (Normal)	LE ME/Coroner Hospital	LE ME/Coroner Funeral Director	LE ME/Coroner Physician	Human Remains Pouch (HRP)	Public Health	Standard Operating Procedures (SOP)	Morgue Funeral Homes EMS
Tier II (Surge)	Above + Funeral Directors	Above + Non-Physician Licensed Medical Professionals	Above + Non-Physician Licensed Medical Professionals	Human Remains Pouch (HRP)	LE Physicians	Bar Code RFID	Refrigerator Trucks Temporary Morgues Private Contractor
Tier III (Crisis)	Above + Family Co-worker Neighbor	Above + Non-Physician Non-Licensed Medical Professionals	Above + Non-Physician Non-Licensed Medical Professionals	Field Exp	Family	Field Exp	Gov Workers National Guard State Militia DOD
Tier IV (Overwhelmed)	Above + Witness	Above + Deputized Volunteer	Above + Deputized Volunteer	Limited	Limited	Field Exp	Non-Gov Workers Family

*Source: Scene Operations, to Include Identification, Medico-legal Investigation Protocols and Command and Control of Mass Fatalities Resulting from a Pandemic Influenza (PI) in the United States*

This chart is presented as a starting point for discussion so that each jurisdiction can use it to arrive at whatever compromise best suits their own situation and priorities. At the time of a PI event, it will then be up to local officials to make the decision about when which functions have reached which tier.

## Resources

*The Canadian Pandemic Influenza Plan for the Health Sector, Annex I Guidelines for the Management of Mass Fatalities During an Influenza Pandemic*, Public Health Agency of Canada, February 2004 is available at: <http://www.phac-aspc.gc.ca/cpip-pclpci/ann-i-eng.php>.

*California Mass Fatality Management Guide: A Supplement to the State of California Coroners Mutual Aid Plan*, The State of California Governor's Office of Emergency Services, September 2007 is available at:

<http://www.oes.ca.gov/Operational/OESHome.nsf/Content/A3F586FD13D795C788256B7B0029BBFF?OpenDocument>. Click on Coroner's Mutual Aid.

*Planning for a Possible Influenza Pandemic—A Framework for Planners Preparing to Manage Deaths*, Home Office, Public Order Unit—Mass Fatalities Section, London, England is available at: [http://www.ukresilience.info/news/manage\\_deaths\\_guidance.aspx](http://www.ukresilience.info/news/manage_deaths_guidance.aspx).

*A Working Group Consensus Statement on Mass Fatality Planning for Pandemics and Disaster*, July 2007, Elin A. Gursky on behalf of the Joint Task Force Civil Support Mass Fatality Working Group is available at:

<http://www.homelandsecurity.org/newjournal/Articles/displayArticle2.asp?article=160>.

*The Provision of Family Assistance and Behavioral Health Services in the Management of Mass Fatalities Resulting from a Pandemic Influenza in the United States*, Fatality Management Pandemic Influenza Working Group Conference White Paper, March 2006 is available at: [http://www.icfa.org/docs/white\\_paper2.doc](http://www.icfa.org/docs/white_paper2.doc).

*Scene Operations, to Include Identification, Medico-legal Investigation Protocols and Command and Control of Mass Fatalities resulting from a Pandemic Influenza Event in the United States*, Fatality Management Pandemic Influenza Working Group Conference White Paper, March 2006 is available at: <http://www.pandemicpractices.org/practices/resource.do?resource-id=176&standards-id=4>.

*Morgue Operations, Identification, and Command and Control of Mass Fatalities Resulting from a Pandemic Influenza Event in the United States*, Fatality Management Pandemic Influenza Working Group Conference White Paper, March 2006 is available at: [http://www.icfa.org/pdf/white\\_paperMFM.pdf](http://www.icfa.org/pdf/white_paperMFM.pdf).

*Information for Managing Pandemic Influenza Fatality Events in Virginia*, Virginia Department of Health, 4/06 is available at: <http://www.vdh.virginia.gov/medExam/PandemicFluPlanning.htm>.